

Notice of appeal to the Proscribed Organisations Appeal Commission (POAC)

THE TERRORISM ACT 2000

Please attach a copy of the certificate, notice of decision, notice of direction and/or letter from the Home Office against which you are appealing.

You will have had a letter or notice telling you about the decision or direction. That letter or notice explains your rights of appeal. Please complete the information below

SECTION ONE	Decision(s) you are appealing against								
A. Home Office reference	<input type="text"/>								
B. Date of service of Home Office decision	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
C. Deadline to appeal	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
D. Method of service of Home Office decision (ie. how did you receive it)	<input type="checkbox"/> Post <input type="checkbox"/> Fax or Personal Service								

SECTION TWO	About you								
A. Surname or family name (CAPITALS)	<input type="text"/>								
B. Other names	<input type="text"/>								
C. Address where you can be contacted Note: If you change your address, you must notify POAC immediately, in writing.	<input type="text"/>								
D. Telephone number <i>(Give a number where POAC may contact you during the day)</i>	<input type="text"/>								
E. Date of birth <i>(Please give as Day/Month/Year)</i>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
F. Name of Organisation Proscribed	<input type="text"/>								
G. Your role in the organisation	<input type="text"/>								
H. Contact details or other details of Organisation Proscribed	<input type="text"/>								
I. Date of Proscription	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

J. Date of Refusal to De-Proscribe

D	D	M	M	Y	Y	Y	Y
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K. Who will be present at the hearing?

If this information is not yet known, please leave blank and provide it to POAC when the hearing date is set.

☐ Yourself

☐ Your representative

☐ Witness(es)

Please list details of all witnesses you wish to attend any hearing.

L. If you, your representative or a witness are attending the hearing, will an interpreter be needed?

If this information is not yet known, please leave blank and provide it to POAC when the hearing date is set.

☐ Yourself

☐ Your representative

☐ Witness(es)

Which language will be needed?

Dialect (if applicable)

M. If you, your representative or a witness has a disability, please explain any special arrangements needed for the hearing.

If this information is not yet known, please leave blank and provide it to POAC when the hearing date is set.

In this section you must set out the grounds for your appeal and give the reasons in support of these grounds – that is, why you disagree with the decision.

Please refer to the paragraphs of the letter or notice containing the decision(s) when possible.

You should include in this section any parts of your claim that you think have not been addressed in the refusal letter. You must say if you have raised these issues before.

Give as much detail as possible; use additional sheets of paper if you need to.

Please note that if you want to vary your grounds at a later date, you will only be able to do so if you obtain permission from POAC.

The time limits setting out when your appeal must be received at the Proscribed Organisations Appeal Commission are set out in Rule 6 of The Proscribed Organisations Appeal Commission (Procedure) Rules 2007

If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time.

Explain why your appeal is late in the box below. Attach any evidence/additional sheets if necessary.

SECTION FIVE

Additional documents

You must send the letter or notice telling you about the decision, or a copy of it, with this form, together with any other document which was served on you which provided reasons for the decision or direction.

If you are sending additional documents with this form please list them all here, including the HO letter/notice:

SECTION SIX

Declaration

Declaration	I declare that the information I have given is true and complete to the best of my knowledge and belief.
Appellant signature and date	
Name of appellant Please use CAPITAL LETTERS	
Representative signature and date	
Name of representative Please use CAPITAL LETTERS	

SECTION SEVEN

Representative's Details

This section is for completion by your legal or other representative.

Name of Representative

Name of Representative Organisation

Postal Address of Organisation

Telephone

Fax Number

Email Address

Has the appellant been granted publicly funded legal representation?

☐ Yes ☐ No

If Yes, please give the LAA reference number if applicable

Signature of Representative and confirmation that this form has been completed in accordance with the appellant's instructions.

I confirm that this form has been completed in accordance with the appellant's instructions

PLEASE SEND THE COMPLETED FORM TO THE PROSCRIBED ORGANISATIONS APPEAL COMMISSION (POAC)
AT THE ADDRESS PROVIDED

The appeal was received on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

time

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Who received the appeal?
Please write in CAPITAL LETTERS

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How was the appeal received?

- ☐ By hand
- ☐ By post
- ☐ By fax *(to be followed by a signed original document)*

Signed

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Date

D	D	M	M	Y	Y	Y	Y
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Change of details notification

About this Form

Please complete the relevant area of this page if any of your details have changed, including if you change your representative. It is important you notify the Proscribed Organisations Appeal Commissions (POAC) immediately of any changes to your details.

Part 1: About You

Surname or family name. Please use CAPITAL LETTERS

Your other names

Appeal reference number:

Home Office reference number:

Part 2: Change of Address

Please add your new address here.

If you are in detention, please put the detention centre address

Full Address (including postcode):

Telephone Number

Part 3: Change of Representative

Please add your new representative's details here.

Name

Address

Telephone Number

Fax Number

LSC Reference